

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	62607	8/15/00
I.P.E. CLASSIFIER	RSD		8/20/00
F RMALITY REVIEW		62607	10-20-00
RESPONSE F RMALITY REVIEW		62607	1-3-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	10/01 1/2 3/23
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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